PTO/SB/66 (12-04)
Approved for use through 7/31/2006. Onte 0651-0632
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

		ENT APPLIC	ATION		RMINATIO				70	ys a valid OMB or Docket Nu 7606	reber
APPLICATION AS FILED - PART SMALL ENTITY									OR .	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			RATE (S)	FEE (\$)		RATE (8)	FEE (8)	
ASI V CI	C-PEE FR 1,18(3), (P), or (ED .	N/A		, N/A		· NA			N/A	
EAF	RCH PEE		₩A·		N/A		NA			N/A	
XA	FR 1.18(A), (I), or (r VINATION PEE FR 1.16(5), (D), Or (NA		N/A .		NA			NA	
OT/	L CLAIMS FR 1.180)	- 11	minus 20		5		х =		CR	x =	0
30 7	PENDENT CLA FR 1.18(N)	M8 2	minut 3		,	ı	x =			x •	0
EE	LICATION SIZE FR 1.16(s))	ensets of is \$250 (f additional	application at hall entity) for a or fraction the	d drawings exceed 100 pplication size fee due il entity) for each or fraction thereof. See and 37 CFR 1.16(s).							
(ULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.18(1))							N/A			N/A	
or the difference in column 1 is less than zero, enter 10° in column 2.							TOTAL			TOTAL	0
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						•	SMALL 1	ENTITY	OR	OTHER SMALL	
۷	•	CLAIMS . REMADKING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	· ,	RATE (8)	ADDI- TIONAL FEE (S)		RATE (\$)	ADDI- TIONAL FEE (8)
ENDMEN	Total green (160))	*· ~7	Minus	" 20	. 0		х -		OR	x s	0
ă	Independent (at CFR 1,140-1)	. 2	Minus	 .3	- 0		х'=		GR.	х =	0
Ţ	Application Size Fee (37 CFR 1.18(s))					1			1		
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CPR 1.18(8)						N/A		OR	NA	·
	FIRE) PRODUCTION OF SOLUTION O					3 1	TOTAL ADD'L FEE		QR	TOTAL ADD'L FEE	Ø
4	128/06	(Column 1)		(Column 2)	(Cohimn 3)	7		•	3		
NOMENT B		CLAIMS REMAINING AFTER AMENDMENT	. •	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA] .	RATE (8)	ADDI- TIONAL FRE (3)		RATE (5)	ADDI- TIONAL FEE (8)
	Total or GPR 1.1600	7	Minus	- 20	d		x =		OR	× -	
	Independent 0:7 CFR 1.1800	1.2	Minus	- 3	3 9]	×		OR	×	/ /)_
3		20 Fee (37 CFR 1.	18(s))			7		1	4		1
Z	PIRET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.150)					<u>ا</u> .	N/A		OR	N/A	
_						_	TOTAL ADO'L FEE	1	OR	TOTAL ADDL FEE	
, e	the Higher The Higher	echann 1 is less to 4 Number Previous Number Previous Number Previous Omnetion is require on epstestion. Cor	ly Paid For	IN THIS SPACE Total or Indepen	is lose than 3, Identi is the his	erds beed	number tound	n the appropri	eto box i	n column 1. public which is to	Se (and by

USPTO to process) an appropriate Confidence by an overlated specification form to the USPTO. Time will very depending upon the individual casts. Any comments including gettering, preparing, and authorities the completed application form to the USPTO. Time will very depending upon the individual casts. Any comments on the amount of time, you require to complete this form and/or suggestions for reducing the burder, should be sent to the Chief Information Officer, U.S. Peters on the amount of time you require to complete this form and/or suggestions for Authorities, VA 22313-1450. DO NOT SEND, FEES OR COMPLETED FORMS TO THIS and TREET TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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